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The Emotional Geographies of Feminist Eating Disorder Therapy

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Title: 'It's Like Jumping off a Cliff without a Parachute': The Emotional Geographies of Feminist Eating Disorder Therapy

Outline: In this paper I want to explore the gendered and culturally specific 'emotional geography' of group psychotherapy utilising clinical material from a short term psychodynamic psychotherapy group for women with eating problems. This was a group that I ran as part of a reflexive research project in which I was both the psychotherapist and the researcher. Combining both psychoanalytic and post-modern perspectives, I used a feminist Foucaultian discourse analytic stance to explore the process of the group and my clinical supervision, as well as to critique feminist object relations theory. In a feminist psychodynamic therapy group for women with eating problems, the group functions as an 'emotional space' in which feelings about food, eating, bodies, selves and therapy are experienced as metaphorical 'battles' – both intrapsychically and interpersonally. While words provided a means to navigate this terrain and to connect with others, at the same time articulating the self also proved a daunting task for women used to negotiating identities through their bodies. This suggests that the supposedly benign interior of the therapy group, regarded by some as an inherently 'feminine' space of holding and containing, is perhaps more akin to the exterior world of consumerism, a world which is invariably toxic to women.

In order to do this, I am first going to contextualise the group by saying something about feminist feminists' use of both post-modern and psychoanalytic theory to both theorise women's troubled relationship with food and bodies, and to offer one solution – feminist therapy. I am then going to

EMOTIONAL GEOGRAPHIES, KINGSTON 2006

describe the process of the therapy group in more detail, concentrating on Foulkes' notion of the group 'matrix' as the therapeutic factor. I suggest that Foulkes' benign perspective is somewhat misplaced and may be enhanced by Bion's Kleinian viewpoint that groups can be persecutory. I conclude that group processes can be better understood by locating them within contemporary consumer society as discursive and gendered practices which require particular 'parachutes'. **?re-do last link in title CUT TO 1 PAGE**

General comments

Feminism & Eating Disorders:

I am going to start by outlining feminist psychoanalytic and discursive accounts of 'troubled eating' as unconscious gendered communications about women's distress arising out of consumer society's troubled relationship with women.

The emotional geography of human development in contemporary western society takes place in specific circumstances in which food consumption goes hand in hand with inherently gendered prescriptions about body size and shape. This makes women especially vulnerable to alienation and exploitation. Food's material and symbolic connection with the infant's primary caretaker makes it a key "transitional object" that continues to play a significant role throughout life because it is a means of articulating need and desire. Winnicott (1971) suggested that the infant's capacity to creatively imbue "transitional objects" with emotional and symbolic meaning, enables them to be used to manage feelings, impulses and desires. Thus, the differentiation associated with growing separateness and autonomy is made possible by psychophysical processes that generate complex subjective

geographies in which “inside” and “outside” remain deeply and always emotionally interwoven (compare Sibley 1995).

The power of consumer culture stems from its capacity to mobilise these psychodynamics and emotional geographies within the form of a “maternal’ matrix to which individuals consciously and unconsciously attach” (Bloom et al 1994: xiii). Active participation in, and attachment to consumer culture resonates with individuals’ developing psychological structures, such that public culture functions as “another facilitating environment for intra-psychic life and for people to feel interpersonally connected” (Gutwill 1994a: 18). Consumer culture thus functions as a cultural parent while the primary caretaker directly and indirectly imparts the knowledge required to enact subjectivity. The emotional geographies initially generated between infant and caretakers are thus extended beyond the boundaries of family life via consumer culture. However, consumer culture is not the ‘benign’ space which Winnicott described as facilitating creative development. It is much more ‘toxic’ or subject-seeking. Bloom et al (1994) argue that the diet industry represents one of the most gendered and tenacious ways in which consumerism “seeks out” women. It is tenacious because it both tantalizes and seduces through the symbolic happiness that the diet represents. At the same time, it threatens isolation, rejection and punishment should the consumer not respond. Of course, dieting is “a business that thrives on failure” (Gutwill 1994b: 32). It also pathologises individual women while simultaneously providing a means to redemption – through another diet. In this way, consumerism appeals to women’s gender-specific sense of agency; that is, the necessity of “transforming themselves” and “making things right for

others” (Orbach 1986). At the same time, the inbuilt tensions between the “intense stimulation of and simultaneous frustration of desire” (Gutwill 1994a: 37) inherent within these trades, constructs and maintains a gendered sense of individual emptiness (Cushman 1990).

Feminist Therapy:

While not every woman develops an eating disorder, the feminist therapist working in this field needs to find a way to facilitate awareness and understanding of the ways in which these dynamics function at an individual level within this toxic arena. The ongoing social construction and reconstruction of apparent “choices” about body size and shape can feed into and exacerbate women’s underlying sense of body insecurity, predicated as it is on the gendered mandate to “transform the self”, embedded as this is within a belief that the female self – especially the body – is not ‘good enough’. The feminist therapist needs to offer interpretations about unconscious processes and troubled behaviour that speak not only to the individual but that address the individual woman who has to live in an inherently misogynist society. **geography**

Michel Foucault’s (1978) notion of discursive “panopticons” offers a useful way of understanding the psychodynamics of gendered body regulation, not as individual pathologies but as performances of self. The term “panopticon” refers to the way in which prisons were designed to optimize scrutiny. Feminists such as Bartky (1988) and Bordo (1988) suggest that through the private and public practices of the disciplines of femininity, women are not only constantly observed but also learn to observe themselves and others without apparent coercion (also see Smith 1988). As

EMOTIONAL GEOGRAPHIES, KINGSTON 2006

Bartky further elaborates: “In contemporary patriarchal culture, a panoptical male connoisseur resides within the consciousness of most women: they stand perpetually before his gaze and under his judgment” (1988: 72). The insidiousness of modern discipline is that it provides the means for a sense of accomplishment, of being in control, of identity: the experience of subjectivity is dependent on not just what one knows, but “knowing what to do” (Bartky 1988: 77).

My project

As a feminist psychotherapist working with women who have eating problems since the 1980s, I had many concerns about the political tensions of my position while at the same time I also felt committed to finding a way to enable women with eating disorders to find ways to bring about change, without contributing to their sense of blame and individual pathology. As my work takes place in the UK **geography**, the main influences on the model I used were Orbach's FIFI as well as feminist object relations theory. I progressed from facilitating self-help groups (deprived women trying to help each other) to incorporating group analytic theory into ongoing and short term groups. I was able to carry out a reflexive critique of my clinical work by taking a discursive stance, using Foucaultian discourse analysis to retrospectively analyse a short-term eating disorders group which I ran, along with my clinical supervision – audio-tapes.

GROUPS:

The therapeutic model I used amalgamated cognitive/behavioural techniques from Orbach's (1978) FIFI self help eating problems work, within a theoretical overview of the process and content based on the group analytic theory.

Further, the therapist also refrains from offering reassurance or advice, or even giving immediate responses to the client. Instead, thought is given as to what the appropriate response might be in order to enable the client to experience and manage whatever feelings are stirred up in the sessions or elsewhere. Both material and feelings are 'worked through' (Sandier, Dare and Holder 1973) time and time again.

Group Analytic Psychotherapy:

The field of group psychotherapy is quite diverse (Ashbach and Schermer 1987; Pines 1983; Brown and Zinkin 1994) and I am going to restrict my comments to a brief description of those aspects which influenced my clinical practice. My group training in the UK has been within what we call the 'Group Analytic' tradition. The work of Foulkes' (1948, 1964), has been the main protagonist for this model. He regarded 'the group as a dynamic whole operating in a social field' (Pines 1983:266). Group analysis is 'not a psychoanalysis of individuals in a group...it is a form of psychotherapy by the group, of the group, including its conductor' (1975:3). Foulkes' transpersonal approach (1975) regards the individual as 'an abstraction' (Brown and Zinkin 1994:2) from the social. As such, a group therapy should bring about change not just within individuals' defence mechanisms, but also within the group.

One of Foulkes' fundamental concepts is the notion of the group as a 'matrix' or 'network of communication' (1975:122) which operates at various levels of overt content, unconscious communication and 'meta' communication. The matrix is transpersonal, interconnected at a number of levels. Foulkes' group therapist is a 'conductor', in the orchestral sense, moving in and out as appropriate but certainly not constantly in the foreground. The conductor forms and secures the 'frame' of the group through dynamic administration, encouraging it to work together therapeutically with only minimal and necessary intervention on his or her part. The task of the group conductor is to get the members to invest each other and the group itself with the qualities of an appropriate 'transitional object' which can then

be introjected and internally held. This functions to facilitate a shift in dependency from the group conductor onto the group as a whole. Just as the infant is believed to need to 'destroy the object in phantasy' and experience its survival in order to make use of it, so too does a group need the cohesion and maturity of an 'object group' to withstand both material and psychological attacks. Thus, one further function of the conductor is to emotionally 'hold' the group through dynamic administration. 'Holding' is akin to Winnicott's notion of 'holding' in the (heterosexual) mother-infant relationship, wherein one of the mother's tasks is to psychologically 'hold' the infant's negative feelings in order that the child learns that they can be tolerated, whilst the 'father' is to financially, emotionally and practically 'hold' the 'nursing couple'. The aim is that a 'mature' group comes to 'hold' its members without major interventions by the conductor.

Not surprisingly, parallels have been drawn between Winnicott's theory of 'transitional space' and Foulkes' 'group matrix' (Brown and Zinkin 1994). Like Winnicott, Foulkes suggested the matrix existed not just materially, or within the individual participants' minds, but also within a common psychological 'space' which was tacitly agreed on, as if it were real. The space acquires a dynamic but shared meaning and can be used consciously - perhaps to 'play' with words, ideas or feelings - and unconsciously, as something which contains projections. However, parallels can also be drawn with Bloom et al's more discursive notion of the matrix of consumer culture in which subjectivity is seen as less of a creative development and more of a constrained and gendered process.

Examples of text

EMOTIONAL GEOGRAPHIES, KINGSTON 2006

Foulkes' theory has been described by Prodgers (1990) as over-idealised. He argues that Foulkes idealised the notion of 'group as mother', and suggests incorporating a less benign view of the matrix as an enhancing network, seeing it more as an entrapping web. This latter stance is much more reflective of Bion's (1961) more persecutory analysis of group dynamics. Bion focused particularly on the regressive aspects of group membership which he argued was likely to engender the 'primitive' defence mechanisms which Melanie Klein (Mitchell 1986) had encapsulated in her work. Bion likened the group to the Kleinian mother's symbolic 'good and bad breast', functioning to nurture but also to disappoint the infant. He argued that the group dynamics stirred up unresolved infantile anxieties, thus provoking envious and greedy attacks by its members on each other and the group as a whole.

Bion also suggested that because of the regression inherent within groups, there are always two levels of group activity operating within the one: one is the 'work' group, and the other is the 'basic assumption' group (1961). The 'work' group is an ideal, characterised by its shared goals, its participants' ability to engage appropriately with each other, and to draw on experiences; in short, to accomplish the task which they have undertaken, in a mature fashion. However, Bion suggested that, even within a 'work' group, members may behave as if 'they were sharing some tacit, unconscious, or basic assumption' (source?). He suggested that groups inevitably oscillate between 'work' and 'basic assumptions'. Life in a 'basic assumption' group is oriented towards dealing with inner phantasy not external reality (Lawrence, Bain and Gould, 1996). In contrast to Foulkes' notion of the group's benign 'holding' function, Bion described

EMOTIONAL GEOGRAPHIES, KINGSTON 2006

the group as a 'container' whose function was to 'contain' the negative projections of its members.

Group & clinical material:

Like Bion, I would agree that a more appropriate way to view therapy groups is to use the metaphor of the 'good and bad breast'; that is, groups are both nourishing and disappointing. In the case of the eating disorders group I am referring to here, it was often less like Foulkes' all-containing 'whole' (1975), and more like Bion's regressive 'hole' (1961). Here, I come back to the title of my talk: 'It's Like Jumping off a Cliff without a Parachute'.

In terms of its beginning and end each week, the boundaries of this group were experienced by most as constraining, rather than as 'containing' the group in a helpful way (Bion 1961). There were clear resonances in this group, with this notion of entrapment, perhaps exacerbated by the group being homogeneous (Furst 1960), in that everyone had an eating disorder. Not only does Furst, like Bion, suggest that groups regress, but he suggests that they regress to the most extreme of the defence mechanisms employed by the members; hence the rationale in group therapy, for not having topic-based groups. Given the early psychosocial developmental stages in which eating disorders are suggested to occur (Bloom and Kogel 1994), this may have contributed to the tendency to merge and regress, so typical of Bion's 'basic assumption' groups (1961).

Clinical material:

consumerism as not benign

femininity not benign (mention & come back to in discussion)

Something on reflexivity & counter-transference

Something on therapy as pedagogy & links to consumerism/taking up place in society

FEMINISM & GROUP THERAPY: discussion on idealisation of gender; p-m & therefore not essentialist; 'doing' & articulating self; power of words – attack, save, transitional space & consumerism; men as saviours e.g. heterosexuality & attachment

Bion and Foulkes are generally regarded as taking up polarised positions in relation to groups (James 1994). Foulkes is seen as the optimist, a believer in the ability of the group to facilitate profound change, to the point of seeming in denial of any negative aspects, of disregarding the impact of intra-psychic processes (Nitsun 1996). In contrast, Bion proffers only doom and destruction, with the individual unable to survive the regressive aspects of the group experience, sucked back into a pre-Oedipal, merged state (Nitsun 1996). However, from a feminist perspective, I would wonder, not about Foulkes' reification of 'mother', but of the way in which, in psychoanalytic group therapy literature, groups are seen to be like Freud's notion of women - as mysterious, nebulous, and unfathomable.

There is surprisingly little written specifically about feminist group psychotherapy either generally, or from a feminist *psychoanalytic* perspective. Enns (1993) suggests that this is because most feminist therapy groups tend to be topic-based, rather than being unstructured, as is typical in group analysis. Although the social nature of the individual is a key theoretical and clinical assumption in most group psychotherapy, *gender* issues only seem to be taken up if they are considered problematic.

Conlon (1991) is one of the few feminist group analytic therapists to discuss the impact of gender construction on the therapist's authority and nurturance in both mixed-sex and women-only therapy groups, where the group conductor is a female. As well as challenging stereotypical 'feminine' attributes of niceness and passivity, as a group conductor, Conlon also challenges her group members to reconsider prevailing notions that 'mothers' - both real and symbolic - *don't* encourage separation. (This point is taken up extensively in Parker, 1995). Alonso and Rutan make a number of other useful theoretical points, but most important for my purposes, is that they take up a similar position to Conlon; that is, they regard as central the ability of the group therapist or conductor to be aware of the impact of the social construction of gender on group content and process. Further, like Conlon, this is done critically through the call to reflexively appraise themselves as gendered group members. In thinking about the links between the literature on group analysis and feminist object relations theory, two ideas come to mind. One is the similarity between Benjamin's (1988) focus on how the development of subjectivity occurs in the context of 'mutual recognition' (p. 16). As such, subjectivity exists in a continuum, a 'field of self and other' (p.20). While like Chodorow (1978), she was concerned to highlight mutual dependency, as opposed to autonomy, her ideas about mutuality seem more akin to Foulkes' idea of the impossibility of regarding the individual as a discrete unit, separate to others. Benjamin argues that the 'fiction of independence' (1988:185), so prevalent in psychoanalytic - and scientific - theory, functions to set up gender polarisations which come to be seen as natural.

EMOTIONAL GEOGRAPHIES, KINGSTON 2006

As such, the group was less like Foulkes' containing 'whole' (1975), and more like Bion's regressive 'hole' (1961).

In *Experiences in Groups* (1961), Bion made a number of crucial contributions to the understanding of groups, focusing particularly on the regressive aspects of group membership which he argued was likely to engender the 'primitive' defence mechanisms which Klein (Mitchell 1986) had encapsulated in her work on the paranoid-schizoid position, such as splitting, projection and projective identification. These notions were briefly introduced in chapter two in the context of eating disorders. Bion likened the group to the Kleinian mother's symbolic 'good and bad breast', functioning to both nurture and disappoint the infant. He argued that the dynamics of groups (both therapeutic and otherwise) stirred up unresolved infantile anxieties, thus provoking envious and greedy attacks by its members on each other and the group as a whole.

Bion also suggested that because of the regression inherent within groups, there are always two levels of group activity operating within the one: one is the 'work' group, and the other is the 'basic assumption' group (1961). The 'work' group is an ideal, characterised by its shared goals, its participants' ability to engage appropriately with each other, and to draw on experiences; in short, to accomplish the task which they have undertaken, in a mature fashion. However, Bion suggested that, even within a 'work' group, members may behave as if 'they were sharing some tacit, unconscious, or basic assumption. He suggested that groups inevitably oscillate between 'work' and 'basic assumptions' Life in a 'basic assumption' group is oriented towards dealing with inner phantasy (this spelling of *phantasy* indicates its roots in Kleinian theory as an indicator of the presence of innate, as opposed to developed, unconscious

processes, [see Mitchell 1986]), not external reality (Lawrence, Bain and Gould, 1996). Bion identified three types of basic assumption groups. In the first, 'dependency' group, the members aim to have the group protect them and make them feel secure, while idealising the therapist. In the second, 'pairing' group, two members are treated as if they were a parental couple who were going to assume responsibility for the group. The third, 'fight-flight' group behaves as if its task was to take action, either attacking or fleeing.

IV.1 Feminist Clinical Supervision and Eating Disorders Therapy:

The client's ongoing struggle between desire and constraint encapsulates the content and process of therapy, and is central to the dynamics of the transference and counter-transference relationship, stirring up issues between and within the women in the room which can reverberate outside as well (Bloom et al 1994). By contextualising intra-psychic issues as gendered and culturally based, feminist therapists offer a more in-depth analysis of transference and counter-transference to and within, the 'parent culture' which both client and therapist will have internalised (Gutwill 1994a: 18). As such, the cultural meaning of fatness and thinness will resonate at an intrapsychic level. Moreover, the *normality* of women's troubled feelings about eating and body size, can precipitate a cultural countertransference in the psychodynamic therapist, which leaves her unprepared, and unable to sustain a full exploration of the details of these (Gutwill 1994b: 147). At the same time, the impact of *psychotransfer* counter-transference can be to ignore the distress about eating and body size, focusing instead on the 'real' underlying problems

(p. 149). Gutwill discusses how disturbing it can be for the therapist, and especially the *feminist* therapist, to bear witness to the harshness and cruelty, indeed the sadomasochistic overtones, of eating disordered clients' relationships with their body/selves. This in itself challenges the therapist's ability to sustain an empathic interest and inquiry into the minute and diverse details of the ways clients use food and their bodies; that is, the therapist needs to establish and maintain a benign 'transitional space' within the therapy, in order to facilitate and explore the individual and symbolic meanings of these (1994b:149). The innumerable and varied experiences of hunger, of feeding, of satiety, and of the food which accompanies these fantasised and material actions, need to be explored. This can feel like putting your head into the lion's mouth. While the therapist's task requires her to persist with this inquiry, to *unearth* these individual meanings from under the weight of cultural, and thus moral, values embedded in them, this exploration takes place within the context of the very opposite function of eating disorders, which is to *bury* these meanings. Further, the client is not only persecuted by her *internal* saboteur, she expects, and indeed can provoke, the therapist to attack back. As a female, and *feminist* therapist, one's gendered and professional role as nurturer, is also under constant surveillance, by the client. Often, unable to bear the attention given to her in therapy, the client attacks and sabotages this as well. Moreover, both the client's, and sometimes the therapist's body, often come under the same scrutiny, an experience which can feel both voyeuristic, and invasive.

Feminist psychoanalytic supervision includes an understanding of the impact of gender on the client and therapist's construction of self and their relationships with others, including of course, the client-therapist interactions - and at times, the supervisory relationship (Klein, 1976; Eichenbaum and Orbach, 1982). These require understanding and exploring the gender-specific, intersubjective nature of these at a *material* level, above and beyond the intrapsychic resonances, in order to incorporate these understandings within a *feminist* therapy.

Counter-transference when the therapist *doesn't* offer an immediate response, or respond just how the client wants, this can evoke enormous rage. As Selby describes so aptly, '[t]herapists can sometimes feel as though their clients have them by the throat! The woman who is a compulsive eater tends to use her therapist in the same way she uses food' (1987:88). Selby argues that in doing this, the compulsive eating client is re-enacting in her therapy, the same feelings she has about all relationships; that is, the belief that no one 'can meet her needs in a nourishing way' (p.88). the dynamics of anorexia get played out in the therapy relationship, which could be described as characterised by a 'lack of intake'. therapy with the bulimic can feel like being engulfed and spat out. Like the bulimic woman's body, therapy becomes the battle zone. , the theoretical hopefulness of both Foulkes' (1975) group analytic matrix, and Eichenbaum and Orbach's (1982) feminist psychodynamic therapy, are cast into doubt by the more regressive and aggressive aspects of the psychological defenses which arise when working with women's eating disorders in a group setting. This uncertainty about boundaries was a feature throughout the

group, and this, in combination with their hunger, often meant that the group seemed to be a 'bottomless pit' or a large, open 'mouth' into which precious feelings, people, and words, could drop out of sight.

The relationship between client and therapist, set within the therapeutic '**frame**' (Gray 1994:7), provides the medium through which the past is brought into the present, through the ***inter-subjective*** situation (Stolorow, Brandchaft and Atwood 1992). By maintaining the therapeutic 'frame' (Gray 1994), which includes the therapy contract, regular sessions and times, no contact outside the sessions, keeping confidentiality, refraining from offering personal information - the therapist attempts to provide an environment in which the client is able to verbalise and reflect on feelings and thoughts, and to allow herself and the therapist access to her unconscious processes. As such, the frame acts to not only create a boundary around a uniquely intimate relationship, but also to contain the anxiety stirred up by participating in this activity. using the boundaries of the group as one means of maintaining the therapeutic 'frame' (Gray 1994),

Psychoanalytic theorists deem the dynamics of group therapy as having a life beyond the 'sum of its parts'. While Foulkes (1975) took a benign perspective, arguing that the group functioned as a maternal 'matrix' to which members attach, Bion (1961) regarded the group as not just a 'container' for powerful emotions but one which could provoke these. However, despite the gendered metaphors, little attention is paid to deconstructing these dynamics (Cohen & Mullender 2003).